

North Carolina Department of Health and Human Services
EMPLOYEE GRIEVANCE FILING FORM
(DHHS Form 0660)

Check *ONE* only: ☐ Step 1 Appeal ☐ Step 2 Appeal (see 12 below) ☐ Step 3 Appeal

File Step 1 Appeal with Immediate Supervisor (Copy to Unit Human Resource Office).

File Step 2 and Step 3 Appeals with Authorized Person in the Unit Human Resource Office.

1. Name (First, Middle, Last): _____
2. Home Address (include zip code): _____
3. Home Telephone (include area code): _____ - _____ - _____
(If none, list a telephone number where you can be reached)
4. Business Telephone: _____ - _____ - _____
5. Present (or Former) Position Title: _____
6. Classification and Salary Grade: _____
7. Division/Facility/School: _____ 8. Work Unit/Department: _____
9. Grievance (e.g., written warning, dismissal, demotion, denial of promotion, etc.):

10. Brief statement of issues and facts on which grievance is based (attach additional sheet if necessary):

11. Statement of relief desired (attach additional sheet if necessary):

12. **Step 2 Only:** Do you want a conference with Division/Facility/School Director? ☐ Yes ☐ No
13. Grievant's Signature: _____ 14. Date: _____

***The Following to be Completed by the Immediate Supervisor at Step 1 and
an Authorized Person in the Unit Human Resource Office at Steps 2 and 3:***

1. Received by (Name and Title): _____
2. Date Received: _____



Attachment 2
(DHHS Directive III-8)

North Carolina Department of Health and Human Services
Management Response to
Step 3 Appeal Notice
(DHHS Form 0659)

1. Division/Facility/School: _____
2. Grievant's Name (First, Middle, Last) _____
3. Sex: ____ 4. Race: ____ 5. Date of Birth: _____
6. Date of Entry on Duty: _____ 7. Total months of continuous state service at time of action under appeal: _____
8. Grievant's Present (or Former) Classification and Salary Grade: _____
9. Work Unit/Department: _____
10. Brief response to employee's grievance: _____

11. If grievance is based on dismissal, demotion or disciplinary suspension, date of pre-disciplinary conference: _____

12. Is grievance timely filed? ☐ Yes ☐ No (If No, explain; attach receipt certification)

13. State any objections to grievability of matters raised in the appeal:

14. Person who will represent management at hearing (**only one representative allowed**):

- a. Name: _____
- b. Title: _____
- c. Telephone Number: (_____) _____

15. Response Prepared by:

- a. Name and Title: _____
- b. Signature: _____ Date: _____

